

SERIAL NUMBER 08/952775

TO: OFFICE OF FINANCE  
FROM: CRYSTAL PLAZA 2, LOBBY

PLEASE PROCESS THE FOLLOWING COLLECTIONS:

FEES CODE	AMOUNT	FEES CODE	AMOUNT
<b>BASIC FEE</b>			
<u>960</u>	_____	<u>964</u>	_____
<u>961</u>	_____	<u>965</u>	_____
<u>970</u>	<u>\$ 930</u>	<u>966</u>	_____
<u>971</u>	_____	<u>967</u>	_____
<u>958</u>	_____	<u>968</u>	_____
<u>959</u>	_____	<u>969</u>	_____
<b>LATE FEES/SURCHARGE</b>			
<u>956</u>	_____	<u>154</u>	<u>\$ 130</u>
<u>957</u>	_____	<u>254</u>	_____
<u>962</u>	_____	<u>156</u>	_____
<u>963</u>	_____	<u>581</u>	_____
<b>OTHER:</b>			
<u>581</u>	_____		
	_____		
	_____		
	_____		

THE ORIGINAL METHOD OF PAYMENT

BY A CHECK \$ 1,060

BY A CHARGE TO DEPOSIT ACCOUNT NO. \_\_\_\_\_

DO/EO FEE

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

08 / 952775

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	13 minus 20 =	* Ø
INDEPENDENT CLAIMS	1 minus 3 =	* Ø
MULTIPLE DEPENDENT CLAIM PRESENT		16

RATE	FEES
	395.00
x\$11=	
x41=	
+135=	
TOTAL	

RATE	FEES
	930.00
	200.00
x\$22=	—
x82=	—
+270=	—
TOTAL	930.00

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	17	Minus
Independent	1	Minus	*** 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	16	Minus
Independent	1	Minus	*** 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	—
x82=	—
+270=	—
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.